

**SERIAL 04135 - S      VETERINARY SERVICES – MCSO**

**CONTRACT PERIOD THROUGH OCTOBER 31, 2007**

TO: All Departments

FROM: Department of Materials Management

SUBJECT: Contract for **VETERINARY SERVICES – MCSO (NIGP 96186)**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **October 20, 2004**.

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

Wes Baysinger, Director  
Materials Management

SF/mm  
Attach

Copy to: Clerk of the Board  
Stephen Krausnick, MCSO  
Sharon Tohtsoni, Materials Management

SPECIFICATIONS ON INVITATION FOR BID FOR: **VETERINARY SERVICES – MSCO (NIGP 96186)**

1.0 **INTENT:**

The intent of this solicitation is to provide routine and emergency veterinary services for canine, feline and other animals assigned to or in the care of Maricopa County. Vendors are encouraged to submit bids on some or all parts of this solicitation. Maricopa County reserves the right to award this contract to multiple vendors or to add additional vendors as needed. Geographical contracts may be made at the option of the County. The contract resultant of this solicitation is a requirements contract. No services shall be provided without a valid purchase order.

2.0 **TECHNICAL SPECIFICATIONS:**

- 2.1 Contractor shall be a current Arizona licensed Veterinarian or Veterinary Clinic and shall specialize in animal medical services, to include consultation, office visits, surgeries, and euthanasia. The contractor shall maintain the necessary license(s), for the duration of this contract.
- 2.2 Boarding and quarantine services may be required on an as needed basis.
- 2.3 Contractor shall be agreeable to offer testimony in court for animal cruelty cases. Contractors will be compensated for their testimony.
- 2.4 Contractor who performs routine services should offer services between the hours from 7:00 A.M. to 6:00 P.M. (approximate). *Standard office hours shall be submitted with the bid response.*
- 2.5 The majority of services for animals will be provided at the Contractor's office location. Occasionally, if a large number of animals require inoculations or other simple procedures that can easily be done off-site, the Contractor may be requested to provide services at a County facility.
- 2.6 "On Call" backup services (typically required by Maricopa County Animal Control Services) may be required for spay/neuter procedures and for general practice at a Maricopa County facility. Spay/Neutering procedures for up to 30 dogs/cats, per occasion may be required, with County staff assistance. Any general practice services will also be with County staff assistance. Respondents are requested to offer "hourly rates" for both services.
- 2.7 All transportation of animals from a Maricopa County facility to and from the Contractor's office/clinic shall be the responsibility of the appropriate county agency.
- 2.8 All procedures shall be authorized by the respective Maricopa County agency prior to services being administered. Authorization for all routine services will be in writing by a Maricopa County agency. Verbal authorization from a Maricopa County agency is acceptable in emergency situations.
- 2.9 Mileage will be paid at the authorized County rate (current rate when mileage reimbursement is authorized) when the Contractor is required to perform services at any location other than the Contractor's office/clinic.
- 2.10 Certain animals are evidence and/or victims in felony animal abuse cases. All medical records may become part of the criminal evidence presented in court.
- 2.11 Respondents shall submit the following information/documents to be considered for contract award:
  - 2.11.1 Copy(ies) of Arizona Veterinary Medical Licensing Board License (attach copy(ies) to Attachment A) .

2.11.2 Provide a listing of the general category of animal(s) the bidder is willing to provide services to/for (list on Attachment A)

2.11.3 List the current hours of operation (hours of operation and days of week (list on Attachment A)

2.11.4 Provide a price listing for typical services provided, for the general category(ies) of animal you elect to provide services to/for (attach this listing to Attachment A).

2.12 USAGE REPORT:

The Contractor shall furnish the County a quarterly usage report delineating the acquisition activity governed by the Contract. The format of the report shall be approved by the County and shall disclose the quantity and dollar value of each contract item by individual unit.

2.13 TAX:

No tax shall be levied against labor. Bid pricing to include all labor, overhead tools and equipment used, profit, and any taxes that may be levied. It is the responsibility of the Contractor to determine any and all taxes and include the same in bid price.

3.0 **SPECIAL TERMS & CONDITIONS:**

3.1 CONTRACT LENGTH:

This Invitation for Bids is for awarding a firm, fixed price purchasing contract to cover a (3) three year period.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options. The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

3.3 ESCALATION:

Any request for reasonable price adjustments must be submitted thirty (30) days prior to the Contract Anniversary date. Justification for the requested adjustment in cost of labor and/or materials must be supported by appropriate documentation and fall within the Producer Price Index for the commodity. Increases are subject to approval in writing by the Materials Management Department prior to any adjusted invoicing being submitted for payment.

3.4 EVALUATION CRITERIA:

The evaluation of this Bid will be based on, but not limited to, the following:

3.4.1 Compliance with specifications

3.4.2 Price

3.4.3 Determination of responsibility

The County reserves the right to award in whole or in part, by item or group of items, by section or geographic area, or make multiple awards, where such action serves the County's best interest.

3.5 FACILITIES:

During the course of this Agreement, the County shall provide the Contractor's personnel with adequate workspace for providing services related to this contract, when services are requested to be provided at a County facility.

### 3.6 INDEMNIFICATION AND INSURANCE:

#### 3.6.1 INDEMNIFICATION

To the fullest extent permitted by law, **CONTRACTOR** shall defend, indemnify, and hold harmless **COUNTY**, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the acts, errors, omissions or mistakes relating to the performance of this Contract. **CONTRACTOR'S** duty to defend, indemnify and hold harmless **COUNTY**, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting therefrom, caused by any acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes **CONTRACTOR** may be legally liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

#### 3.6.2 Abrogation of Arizona Revised Statutes Section 34-226:

In the event that A.R.S. § 34-226 shall be repealed or held unconstitutional or otherwise invalid by a court of competent jurisdiction, then to the fullest extent permitted by law, **CONTRACTOR** shall defend, indemnify and hold harmless **COUNTY**, its agents, representatives, officers, directors, officials and employees from and against all claims, damages, losses and expenses (including but not limited to attorney fees, court costs, and the cost of appellate proceedings), relating to, arising out of, or resulting from **CONTRACTOR'S** work or services. **CONTRACTOR'S** duty to defend, indemnify and hold harmless, **COUNTY**, its agents, representatives, officers, directors, officials and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, injury to, impairment or destruction of property including loss of use resulting therefrom, caused in whole or in part by any act or omission of **CONTRACTOR**, anyone **CONTRACTOR** directly or indirectly employs or anyone for whose acts **CONTRACTOR** may be liable, regardless of whether it is caused in part by a party indemnified hereunder, including **COUNTY**.

The scope of this indemnification does not extend to the sole negligence of **COUNTY**.

#### 3.6.3 Insurance Requirements.

**CONTRACTOR**, at **CONTRACTOR'S** own expense, shall purchase and maintain the herein stipulated minimum insurance from a company or companies duly licensed by the State of Arizona and possessing a current A.M. Best, Inc. rating of B++6. In lieu of State of Arizona licensing, the stipulated insurance may be purchased from a company or companies which are authorized to do business in the State of Arizona, provided that said insurance companies meet the approval of **COUNTY**. The form of any insurance policies and forms must be acceptable to **COUNTY**.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of **COUNTY**, constitute a material breach of this Contract.

**CONTRACTOR'S** insurance shall be primary insurance as respects **COUNTY**, and any insurance or self-insurance maintained by **COUNTY** shall not contribute to it.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect coverage afforded under the insurance policies to protect **COUNTY**.

The insurance policies may provide coverage, which contains deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to **COUNTY** under such policies. **CONTRACTOR** shall be solely responsible for the deductible and/or self-insured retention and **COUNTY**, at its option, may require **CONTRACTOR** to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

**COUNTY** reserves the right to request and to receive, within 10 working days, certified copies of any or all of the herein required insurance policies and/or endorsements. **COUNTY** shall not be obligated, however, to review such policies and/or endorsements or to advise **CONTRACTOR** of any deficiencies in such policies and endorsements, and such receipt shall not relieve **CONTRACTOR** from, or be deemed a waiver of **COUNTY'S** right to insist on strict fulfillment of **CONTRACTOR'S** obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation, shall name **COUNTY**, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

The policies required hereunder, except Workers' Compensation, shall contain a waiver of transfer of rights of recovery (subrogation) against **COUNTY**, its agents, representatives, officers, directors, officials and employees for any claims arising out of **CONTRACTOR'S** work or service.

3.6.3.1 Commercial General Liability. **CONTRACTOR** shall maintain Commercial General Liability Insurance (CGL) and, if necessary, Commercial Umbrella Insurance with a limit of not less than \$1,000,000 for each occurrence with a \$2,000,000 Products/Completed Operations Aggregate and a \$2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage including, but not limited to, the liability assumed under the indemnification provisions of this Contract which coverage will be at least as broad as Insurance Service Office, Inc. Policy Form CG 00 01 10 93 or any replacements thereof. There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from explosion, collapse, or underground property damage.

The policy shall contain a severability of interest provision, and shall not contain a sunset provision or commutation clause, or any provision which would serve to limit third party action over claims.

The CGL and the commercial umbrella coverage, if any, additional insured endorsement shall be at least as broad as the Insurance Service Office, Inc.'s Additional Insured, Form CG 20 10 10 01, and shall include coverage for **CONTRACTOR'S** operations and products.

3.6.3.2 Automobile Liability. **CONTRACTOR** shall maintain Automobile Liability Insurance and, if necessary, Commercial Umbrella Insurance with a combined single limit for bodily injury and property damage of no less than \$1,000,000, each occurrence, with respect to **CONTRACTOR'S** vehicles (including owned, hired, non-owned), assigned to or used in the performance of this Contract. If hazardous substances, materials, or wastes are to be transported, MCS 90 endorsement shall be included and \$5,000,000 per accident limits for bodily injury and property damage shall apply.

- 3.6.3.3 Workers' Compensation. **CONTRACTOR** shall carry Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of **CONTRACTOR'S** employees engaged in the performance of the work or services, as well as Employer's Liability insurance of not less than \$100,000 for each accident, \$100,000 disease for each employee, and \$500,000 disease policy limit.

**CONTRACTOR** waives all rights against **COUNTY** and its agents, officers, directors and employees for recovery of damages to the extent these damages are covered by the Workers' Compensation and Employer's Liability or commercial umbrella liability insurance obtained by **CONTRACTOR** pursuant to this agreement.

In case any work is subcontracted, **CONTRACTOR** will require the Subcontractor to provide Workers' Compensation and Employer's Liability insurance to at least the same extent as required of **CONTRACTOR**.

- 3.6.3.4 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. **BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF CONTRACT.**

In the event any insurance policy(ies) required by this contract is(are) written on a "claims made" basis, coverage shall extend for two years past completion and acceptance of **CONTRACTOR'S** work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to **COUNTY** fifteen (15) days prior to the expiration date.

- 3.6.3.5 Cancellation and Expiration Notice.

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

3.7 **PROCUREMENT CARD ORDERING CAPABILITY:**

It is the intent of Maricopa County to utilize a procurement card that may be used by the County from time to time, to place and make payment for orders under the Contract. Contractors without this capability may be considered non-responsive and not eligible for award consideration.

3.8 **INQUIRIES AND NOTICES:**

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY  
DEPARTMENT OF MATERIALS MANAGEMENT  
ATTN: CONTRACT ADMINISTRATION  
320 W. LINCOLN ST.  
PHOENIX, AZ 85003

Administrative telephone inquiries shall be addressed to:

STAN FISHER, SENIOR PROCUREMENT CONSULTANT, 602-506-3274  
([sfisher@mail.maricopa.gov](mailto:sfisher@mail.maricopa.gov))

Technical telephone inquiries shall be addressed to:

Stephen Krausnick, MCSO Procurement, 602-876-3409

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.9 INSTRUCTIONS FOR PREPARING AND SUBMITTING BIDS:

**Bidders are to provide one (1) original "hard copy" (labeled) and one (1) "copy" of the same labeled as "copy".** Bidders are to identify their responses with the bid serial number, title and return address to Maricopa County, Department of Materials Management, 320 West Lincoln, Phoenix, Arizona 85003. **A corporate official who has been authorized to make such commitments must sign bids.**

**BETHANY ANIMAL HOSPITAL PLLC, 2524 W BETHANY HOME ROAD, PHOENIX, AZ 85017**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES \_\_X\_\_ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? \_\_\_\_ YES NO \_\_X\_\_

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? \_\_\_\_ YES \_\_X\_\_ NO

INTERNET ORDERING CAPABILITY: \_\_\_\_ YES \_\_X\_\_ NO \_\_\_\_ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: \_\_X\_\_ YES \_\_\_\_ NO

PRICING SHEET P007401/B0604194 (NIGP 96186)

1.0 PRICING:

**ITEM DESCRIPTION**

1.1 Bidder/respondent shall *attach a price listing* for typical services, as stated in 2.10.4. **MANDATORY** Price listing shall be clearly identified and attached to this document (Attachment A). **Price listing provided shall be inclusive of any discounts (if any) offered to Maricopa County.**

1.2 List the general category(ies) of animal you are willing to provide services to/for. Define below:

**Small companion animals – dogs & cats**

1.3 List below standard hours/days of operation (office hours/days):

**7:30 am – 7:30 pm M-F 9-4 Saturday**

1.4 Are boarding services available at your facility? (circle one) **YES** NO

Define boarding services offered (if offered) and pricing schedule below:

**Kennels & runs available no indoor/outdoor runs, cats \$10/d dogs \$12-\$20/d vaccines and frontline required**

1.5 Are quarantine services available at your facility? (circle one) **YES** NO

Define quarantine services offered (if offered) and pricing structure below:

**Limited facilities for Rabies observation, animals current rates \$30/d**

Bethany Animal Hospital

Price list

Office call/exam	\$36.00
“well exam” with vaccination	\$18.00
Vaccinations	\$12.50 each
Felv test	\$30.00
Felv/FIV test	\$40.00

Sterilization surgeries: animals over 2 years of age and those in heat, pregnant, or with other medical problems may incur other charges.



**BETHANY ANIMAL HOSPITAL PLLC, 2524 W BETHANY HOME ROAD, PHOENIX, AZ 85017**

## Feline:

Neuter:	all over 2 lbs body weight	\$30.00
OVH:	all over 2 lbs body weight	\$50.00

## Canine:

NEUTER-MALE	
Weight (lbs)	Price \$00.00
0-20	\$50.00
21-30	\$56.00
31-40	\$62.00
41-50	\$68.00
51-60	\$70.00
61-70	\$75.00
71-80	\$85.00
81-90	\$95.00
OVH -FEMALE	
0-20	\$ 60.00
21-30	\$ 65.00
31-40	\$ 70.00
41-50	\$ 75.00
51-60	\$ 85.00
61-70	\$100.00
71-80	\$125.00
81-90	\$150.00

PRICING SHEET P007401/B0604194 (NIGP 96186)

Terms: NET 60

Federal Tax ID Number: 86-0949843

Vendor Number: 860949843 A

Telephone Number: 602/424-1657

Fax Number: 602/242-5573

Contact Person: Katharine Dandre

E-mail Address: [Kandredum@aol.com](mailto:Kandredum@aol.com)

Company Web Site: pending

Certificates of Insurance Required

Contract Period: To cover the period ending **October 31, 2007.**

**INDIAN BEND ANIMAL HOSPITAL, 3923 E THUNDERBIRD RD #123, PHOENIX, AZ 85032**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES ☒ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? ☒ YES NO \_\_\_\_

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? \_\_\_\_ YES ☒ NO

INTERNET ORDERING CAPABILITY: \_\_\_\_ YES ☒ NO \_\_\_\_% DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: ☒ YES \_\_\_\_ NO

PRICING SHEET P007401/B0604194 (NIGP 96186)

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1.2 List the general category(ies) of animal you are willing to provide services to/for. Define below:

**Small animals**

1.3 List below standard hours/days of operation (office hours/days):

**M, T, Th, F 8-5 W 4-8 Sat 9-12**

1.4 Are boarding services available at your facility? (circle one) ☒ YES NO

Define boarding services offered (if offered) and pricing schedule below:

**We have limited space – Rates vary from \$14-\$20/ night depending on cage size.**

1.5 Are quarantine services available at your facility? (circle one) ☒ YES NO

Define quarantine services offered (if offered) and pricing structure below:

**Again, limited DT space \$45/ night**

INDIAN BEND ANIMAL HOSPITAL

Procedure Codes Listing

<u>Procedure Code</u>	<u>Category</u>	<u>Description</u>	<u>Price</u>
100	OFF	OFFICE VISIT-ROUTINE	\$34.00
101	OFF	OFFICE VISIT-FOLLOW UP	\$24.00
102	OFF	EXAM-VACCINATION BOOSTER	\$20.00
103	OFF	EXAM-HOSPITALIZED	\$23.00
104	OFF	OFFICE VISIT-EXTENDED	\$54.00
105	OFF	OFFICE VISIT-EMERGENCY	\$60.00
106	OFF	OFFICE VISIT-COURTESY	\$ 0.00
107	OFF	HOUSE CALL VISIT	\$75.00
108	OFF	OFFICE VISIT-EUTHANASIA	\$20.00
109	OFF	OFFICE VISIT-HEALTH CERT	\$42.00
111	OFF	OFFICE VISIT WALK IN	\$41.00
112	OFF	DISCOUNT	\$ 0.00

**INDIAN BEND ANIMAL HOSPITAL, 3923 E THUNDERBIRD RD #123, PHOENIX, AZ 85032**

123	OFF	OFFICE VISIT-ANNUAL	\$34.00
124	VAC	BORDETELLA INTANASAL	\$16.00
125	VAC	BORDETELLA SQ	\$16.00
126	VAC	DHPP PUPPY	\$16.00
127	VAC	DHPP 1 YR.	\$16.00
128	VAC	DHPP-3 YEAR	\$16.00
129	VAC	FeLV-ANNUAL	\$16.00
130	VAC	FELINE RABIES	\$16.00
133	VAC	FVRCP-KITTEN	\$16.00
134	VAC	FVRCP-1 YEAR	\$16.00
135	VAC	FVRCP-3 YEAR	\$16.00
136	VAC	RABIES-CANINE 1YR	\$16.00
137	VAC	RABIES-CANINE 3YR	\$16.00

Terms: NET 30

Federal Tax ID Number: 42-1609881

Vendor Number: 421609881 A

Telephone Number: 602/867-2992

Fax Number: 602/867-0461

Contact Person: Kathryn Allen

E-mail Address: [kallenaz6@aol.com](mailto:kallenaz6@aol.com)

Certificates of Insurance Required

Contract Period: To cover the period ending **October 31, 2007.**

**SOUTHSIDE ANIMAL HOSPITAL, 6045 S CENTRAL, PHOENIX, AZ 85040**

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: \_\_\_\_ YES \_\_X\_\_ NO

WILL YOUR FIRM ACCEPT A PROCUREMENT CARD FOR INVOICE PAYMENT? \_\_\_\_ YES NO \_\_X\_\_

IF YES, MAY THE COUNTY TAKE ADVANTAGE OF DISCOUNTS OFFERED BY YOUR FIRM IN THIS BID/RFP WHEN PAYING WITH A PROCUREMENT CARD? \_\_\_\_ YES \_\_X\_\_ NO

INTERNET ORDERING CAPABILITY: \_\_\_\_ YES \_\_X\_\_ NO \_\_\_\_ % DISCOUNT

OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT: \_\_X\_\_ YES \_\_\_\_ NO

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1.2 List the general category(ies) of animal you are willing to provide services to/for. Define below:

**Dogs and Cats**

1.3 List below standard hours/days of operation (office hours/days):

**8:00 am → Noon      1:50 pm. → 5:30 pm**

1.4 Are boarding services available at your facility? (circle one) **YES** NO  
Define boarding services offered (if offered) and pricing schedule below:

**Boarding service @ \$19.60 @ day**

1.5 Are quarantine services available at your facility? (circle one) **YES** NO  
Define quarantine services offered (if offered) and pricing structure below:

**Quarantine Service @ \$35.00@ day**

1.6 Provide hourly rate (OPTIONAL) for spay/neutering procedures (cats & dogs) at a County facility, with County staff assistance. List the hourly rate offered below:

**Hourly rate: \$ N/A**

1.7 Provide hourly rate (OPTIONAL) for general practice at a County facility, with County staff assistance. List the hourly rate offered below:

**Hourly rate: \$ N/A**

**SOUTHSIDE ANIMAL HOSPITAL**

Species. CANINE

	<u>Description</u>	
8/24/2004	Exam/Office Visit Multiple	\$ 28.16
8/24/2004	DHPP	\$ 15.62
8/24/2004	Canine Rabies	\$ 14.09
8/24/2004	Canine OHE Large 40-80 lbs.	\$142.68

**SOUTHSIDE ANIMAL HOSPITAL, 6045 S CENTRAL, PHOENIX, AZ 85040**

/24/2004	Canine Nauter Large 40-80 lbs.	\$112.03
8/24/2004	Facial Float	\$ 15.31
8/24/2004	Radiograph Dx View	\$ 71.29
8/24/2004	Hematocrit	\$ 14.19
8/24/2004	K9 PROFILE COCCI/E.CANIS	\$138.60
8/24/2004	Blood Collection	\$ 12.28
8/24/2004	Boarding Run	\$ 19.37
8/24/2004	Microchip Implant	\$ 44.89
8/24/2004	Bordatella	\$ 14.09

Terms: NET 30

Federal Tax ID Number: 86-0366958

Vendor Number: 860366958 A

Telephone Number: 602/276-5505

Fax Number: 602/276-8090

Contact Person: Gary D. Yocham

Certificates of Insurance Required

Contract Period: To cover the period ending **October 31, 2007.**